

Nutrition Education for the Participant

After assessing a WIC participant's diet and entering the information into ASPENS, the next step is to educate the participant and help them to decide on behavioral goals to improve their diet. WIC is a nutrition education program and it is one of the primary goals of the WIC Program to help people eat better diets. Nutrition education needs to be made into behavioral goals to increase the likelihood that a change will occur.



Before starting the education process it is important to step back and look at the WIC participant as a whole person to determine what issue in the person's life would be best to work on at this visit. WIC staff need to look at all the nutrition risk factors and all the concerns of a participant before deciding. Sometimes dietary changes may be best dealt with at a later time after working on more pressing issues. Here are two examples when diet may not be the most pressing issue for a participant:

- A pregnant woman gives a 24-hour Food Recall that is low in servings of dairy products. The woman is also drinking alcohol and lacks prenatal care. At this visit the two most important issues are her alcohol consumption and her lack of prenatal care. Her low consumption of dairy products is important, but may be best left to a later WIC visit. Participants usually can only deal with one or two behavioral changes at any given WIC visit.
- The child of a homeless woman has a diet low in vitamin A, vitamin C, and dairy products. The mother is concerned because she has trouble finding enough food for her family to eat on any given day. Finding resources for this woman is a top priority at this visit and teaching her dietary survival skills is far more important than teaching her to give vitamin A to her children.

In most cases, the certification or recertification visit is an excellent time to give education about diet. The person's diet has just been evaluated and they are open to hearing about how they can make positive changes.

The Food Guide Pyramid

The **Food Guide Pyramid** was developed by USDA to provide people with a simple visual guide of what to eat each day. The Colorado WIC Program has modified the Food Guide Pyramid for use with pregnant and breastfeeding women, postpartum women, children 1-3 years of age, and children 4-5 years of age. There are separate pyramids for each of the groups. The basic pyramid looks the same for each group, but the recommended number of servings and portion sizes are different depending on age and the woman's physiological state.

The Food Guide Pyramid shows the building blocks of a healthful diet. There are six food blocks in the pyramid. The bottom five represent food groups that are the basis or foundation of a healthful diet. The top block is for fats and sweets which can be part of a healthful diet if used in moderation.

WIC's Food Guide Pyramids differ slightly from the food grouping system used to evaluate diets for nutritional adequacy. The major difference is that the fruit and vegetable group has been divided into a fruit and a vegetable group. This emphasizes the importance of eating both fruits and vegetables. The Food Guide Pyramids do not identify fruits and vegetables high in vitamin A or C. The last major difference is that the Food Guide Pyramids list ranges for numbers of servings. When evaluating diets for nutritional adequacy the major concern is the minimum number of servings, but in some cases more servings may be desirable. For nutritional adequacy we say a minimum of five servings of fruits and vegetables is needed.

At the bottom of each pyramid is a line for listing a participant's dietary goal. After helping a participant or their caregiver to set a dietary goal the goal may be written here. This helps the participant to remember what they intend to work on and reinforces its importance.

When preparing to educate the participant or their endorser, determine what is most important about the diet to change. Look at the food groups that are inadequate or dietary behaviors which need to be changed. Which ones need the most attention? Look for changes which will have the most impact on a participant's health.

For example, if a child has a perfect diet except for no dairy products and vitamin A. Consider which would be most important to include in the diet? Vitamin A is important, but



Setting Dietary Goals

the lack of dairy products is even more important in this situation. Milk provides protein to build body tissues, calcium for good bones, riboflavin for normal energy metabolism, and other nutrients. It also supplies some vitamin A. Because milk supplies many more nutrients as well as some vitamin A it would be the more important focus in this example.

Look for food groups that are totally lacking. These often are the most important nutrition issues to address. If a participant eats something from all the food groups, but all groups are deficient then it usually is best to concentrate on the group that is most deficient.

In certain situations some food groups take priority even if they are not the group most inadequate. If a child or pregnant woman is not gaining weight properly it is more important to concentrate on dairy and meat if these groups are inadequate. These groups contain the most protein and calories which are important for weight gain. If a woman or child is anemic the meat/meat alternative group would be most important because this food group contains the most iron. The education a participant receives should focus on what is most important for them to change.

Much is written in WIC about setting dietary goals. In this section, only a few comments are offered with respect to goals related to diet. Goals are important to help bring about changes. People hear good information each day, but until they use the information to make behavioral changes the information stays abstract and no change occurs.

After evaluating a participant's diet and educating them on a healthy diet, it is important to ask the participant (or their guardian) what they would like to change with respect to their diet. Their answer will tell you two things—did they understand the education that you gave them, and what is it that they feel ready to change. It is acceptable to suggest dietary goals to a participant if they cannot readily offer any of their own. Staff should be careful though since this may be an indication that the participant did not understand the education, does not understand what you are asking, or is not ready to make a change.

An example may be helpful here. Suppose a child has a reasonably good diet except that the child drinks fruit punch at all meals and gets very little milk. As a WIC staff member you educate mom on the food guide pyramid emphasizing the importance of milk for the child. You ask mom about milk and if her child likes milk. You ask about barriers that would prevent the child from drinking milk at the table (such as they have an older child who drinks all of the milk or no one in the family ever drinks milk at the table so the child has refused to drink milk). Once you are finished with your assessment and education you ask the mother what she would like to change with respect to her child's diet. You may even want to ask, "Did you want to try to give your child more milk at meals?" LISTEN to what the mother tells you. This may be a totally unrealistic goal or maybe the mother isn't interested in increasing her child's milk consumption.

BE CREATIVE when helping people to find reasonable goals. In the case above, what other goals could be suggested to the mother if she doesn't think it will be possible to get her child to drink milk at meals?

- Could milk be offered with snacks?
- Maybe the amount of fruit punch needs to be limited so that milk is a more attractive option?
- Could mom find other options for serving milk as in puddings or yogurt?
- Would the **family** consider drinking milk at one meal per day?
- Would the mother consider trying to flavor milk with fruit for one meal per day?

Maybe no goals related to milk consumption will appeal to the mother. In this case it may be better to look for another aspect of the diet or an eating behavior to focus on at this visit. Maybe offering scheduled snacks with cheese would make more sense to this mom.

It is important that the participant or their caregiver accepts a goal as something they are interested in doing and that they feel they are capable of doing. If a participant or the caregiver does not accept the goal it is not likely to occur. If **you** set the goal for the participant and it is not a goal they consider worthwhile, no change will occur.

One of the more common problems with respect to setting dietary goals is to not make the goals specific and measurable. If a goal is not specific and measurable it is hard for the participant to accomplish. It is also difficult for WIC staff to determine if the person has met their goal. Here are some



examples of goals which are not specific and measurable:

- "I will eat more vegetables" (More than what?)
- "I will follow the food guide pyramid" (Very general. Need smaller goals)
- "I will drink milk" (How much milk? When?)

Better goals that are specific might be:

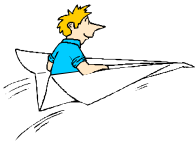
- "I will pack one vegetable with my lunch each day"
- "At dinner I will serve at least one food from each of the food groups"
- "I will drink one glass of milk with breakfast and one with dinner each day"

Goals do not need to result in perfect behavior. If a person currently drinks no milk, and the ideal is to drink 4 glasses per day, it is unlikely that a goal of 4 glasses of milk a day will be successful. It is better to set smaller goals that a person is more likely to accomplish. When people accomplish goals they feel great and empowered to accomplish more goals. A woman who drinks no milk and sets as her goal to simply have ½ cup of milk each morning over cereal is more likely to be successful than one who says she will drink 4 glasses per day. Once she accomplishes her goal she is more likely to look for other ways to increase her milk consumption.

Dietary goals sometimes should be directed at eating behaviors rather than specific foods. As discussed previously in this module sometimes how we eat strongly affects what we eat. If a child is a chronically picky eater it may be more productive to set goals around table behavior than goals that say mom will serve vegetables twice a day. WIC staff need to be creative in helping participants to find goals that are interesting to the participant and that will be effective in bringing about change.

This section of the module presents only a short discussion on nutrition education. Colorado WIC offers other opportunities for learning more. New Employee Training held at the State WIC office, the Colorado WIC Program video: *Making a Difference with Nutrition Education*, the *Bright Ideas Nutrition Education Skills Module* (Level III), the Nutrition Education Section of the *Colorado WIC Procedure Manual*, and the Appendix of this module all give more training on how to provide nutrition education. Helping participants find workable goals can be a fun part of a WIC staff member's job. Only your imagination will limit the possibilities for suggestions and ways to convince a participant to change their diet.

#7 Practice!



Rewrite each of the following goals into ones that are specific and measurable:

1. "I will limit the amount of juice I offer my child each day" (3 year old child)
2. "I will eat more food each day" (pregnant woman who is not gaining enough weight)
3. "I will make my child drink more milk each day" (4 year old child)
4. "I will follow the Food Guide Pyramid" (breastfeeding woman)

Answers to the Practice!
are at the back of the module.